STATE UNIVERSITY OF NEW YORK AT BUFFALO
OFFICE OF CAMPUS PARKING AND TRANSPORTATION
102 SPAULDING, BUILDING 2
BUFFALO, NEW YORK 14261- 0054

APPEALS MUST BE SUBMITTED, IN WRITING, WITHIN FIFTEEN (15) CALENDAR DAYS OF RECEIPT OF THE TICKET. THIS FORM WILL SERVE AS AN OFFICIAL REQUEST FOR APPEAL. YOU WILL BE NOTIFIED BY MAIL AS TO THE RESULT OF THIS APPEAL.

PARKING APPEALS FORM

NAME: _____
LAST FIRST MIDDLE

DAYTIME PHONE : _____ (OPTIONAL)

PERSON NUMBER (REQUIRED) _____

MAIL DECISION TO (check one):

_____ PERMANENT ADDRESS _____ CAMPUS ADDRESS

_____ _____

_____ _____

VEHICLE REGISTERED TO: _____
(NAME)
_____
(ADDRESS)

TICKET NUMBER(S): _____ PLATE # / STATE: _____

DATE OF VIOLATION _____ TIME : _____ AM / PM

PLEASE DESCRIBE BELOW WHY YOU FEEL THIS TICKET IS UNWARRANTED
(USE OTHER SIDE OF FORM IF NEEDED)

_____

_____

_____

_____

_____

_____

_____

DATE: _____ SIGNATURE: _____